

STATE OF HAWAII DEPARTMENT OF HEALTH

P. O. BOX 3378 HONOLULU, HI 96801-3378 In reply, please refer to: File:

May 15, 2019

MEDICAL ADVISORY: MEASLES SITUATIONAL AWARENESS AND VACCINATION RECOMMENDATIONS

Dear Healthcare Provider:

The number of measles cases continues to increase nationally and worldwide. As of May 10, 2019, 839 cases in 23 states have been reported this year in the United States, with the largest outbreaks thus far in the states of New York and Washington. Nine percent of cases required hospitalization. The Philippines and Japan are among the five countries currently noted to have active measles outbreaks. Hawaii has not experienced any recent outbreaks or transmission of measles within the state. However, with the large number of domestic and international visitors to Hawaii, it is critical to ensure our community is appropriately protected against this highly contagious disease. We ask all providers to ensure all patients without presumptive evidence of immunity have been vaccinated according to current Advisory Committee on Immunization Practices guidelines:³

Acceptable **PRESUMPTIVE EVIDENCE OF IMMUNITY** against measles includes at least one of the following:

- Written documentation of adequate vaccination (see below)
- Laboratory evidence of immunity⁴ or confirmation of disease
- Birth before 1957⁵

Adequate VACCINATION with the measles, mumps, and rubella (MMR) vaccine:

- **Children**: Two doses, at least 28 days apart, first dose given on or after 1st birthday (usually at ages 12–15 months, then 4–6 years)
- **Adults**: At least one dose for adults born during or after 1957 without evidence of immunity
- College/university students: Two doses, at least 28 days apart

¹ https://www.cdc.gov/measles/cases-outbreaks.html

² https://www.cdc.gov/measles/travelers.html

³ https://www.cdc.gov/vaccines/vpd/mmr/hcp/recommendations.html

⁴ Measles immunoglobulin G (IgG) in serum; equivocal results should be considered negative. https://www.cdc.gov/mmwr/preview/mmwrhtml/rr6204a1.htm#Tab3

⁵ Studies suggest 95–98% of those born before 1957 are immune to measles.

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• **Healthcare personnel**: Two doses, at least 28 days apart. Although birth before 1957 is considered acceptable evidence of immunity, healthcare facilities should consider vaccinating unvaccinated personnel who were born before 1957 and lack laboratory evidence of immunity.

International travelers are at higher risk for contracting measles and in some cases should receive additional doses of vaccine. Ensure people who are ages 6 months and older and are traveling internationally are protected prior to travel:

- Infants ages 6–11 months: One dose (will still need "first" MMR at ages 12–15 months)
- Children ages 12 months and older: Two doses, at least 28 days apart
- Adults born during or after 1957 without evidence of immunity to measles: Two doses, at least 28 days apart

Domestic travelers to areas of the United States with ongoing outbreaks¹ should be vaccinated according to the same guidelines as international travelers.

Between 2% to 5% of people do not develop measles immunity after the first dose of vaccine. The second dose provides protection to those failing to respond to the initial dose and therefore, is not a "booster" dose. Persons who have written documentation of two valid doses of MMR vaccine given after age 12 months do not need an additional dose, even if traveling domestically to areas where measles outbreaks are occurring.

If you have any questions or need to report a suspect case (measles is urgently reportable), please contact the Department of Health at one of the numbers below.

Oahu (Disease Reporting Line)	(808) 586-4586
Maui District Health Office	(808) 984-8213
Kauai District Health Office	(808) 241-3563
Big Island District Health Office (Hilo)	(808) 933-0912
Big Island District Health Office (Kona)	(808) 322-4877
After hours on Oahu	(808) 600-3625
After hours on neighbor islands	(800) 360-2575 (toll free)

We appreciate your assistance in protecting our community against the spread of measles.

Sincerely,

Sarah Y. Park, MD, FAAP State Epidemiologist

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